

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013761

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED APR 8 1963

Primary Registration District No.

1003

Registrar's No.

3564

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in 1b

9 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Lukes Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Pike

c. CITY
OR
TOWN

Louisiana

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

1120 South Carolina

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

CHARLES Percy

Rose

4. DATE
OF
DEATH

Month

Day

Year

3

25

63

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/8/1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

Sheet Metal

11. BIRTHPLACE (City and state or country)

Louisiana, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles B. Rose

13b. MOTHER'S MAIDEN NAME

Mae Estelle Clapp

14. NAME OF HUSBAND OR WIFE

Gail Smith Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W. I

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Gail Rose, Louisiana, Mo.

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 week

DUE TO (b)

arteriosclerosis

DUE TO (c)

4201

Conditions, if any,
which gave rise to
above cause, (a),
stating the under-
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

no

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/21/63 to death and last saw her him alive on 3/25/63

Death occurred at 11:58 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert Parise

M.D.

22b. ADDRESS

5535 Delmar

22c. DATE SIGNED

3/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/29/1963

23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

23d. LOCATION (City, town, or county)

Louisiana, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Geo. M. Collier, Louisiana, Mo.

25. DATE RECD. BY LOCAL REG.

MAR 28 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED	
1		
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APR 8 1963

APR 30 1963

JUN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. M. Collier

Licensed Embalmer No.

3829

P. O. Address

Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.